

MAY 17 2007

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FACSIMILE COVER SHEET

Deliver to: Eric B. Kiss, USPTO

Art Group: 2192

Facsimile No.: (571) 273-8300

Date:

From: Brent E. Vecchia, Reg. No. 48,011

Our Docket No.: 42390P12485

Number of pages 5 including this sheet.

Application No.: 10/039,254

Filing Date: 1/2/2002

Docket Due Date(s):

Enclosed are the following documents:

<input type="checkbox"/> Amendment: _____ (____ pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (____ pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ (____ pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet (____ pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile	<input type="checkbox"/> Reply Brief (____ pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA (____ pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: ____ sheets, ____ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion (____ pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (____ pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input checked="" type="checkbox"/> Other: Comments on Statement of Reasons for Allowance _____	<input checked="" type="checkbox"/> Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

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Wendi Lou Rostan 5-17-01
Wendi Lou Rostan Date

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TRANSMITTAL FORM*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

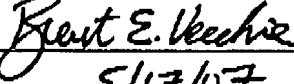
5

Application No.	10/039,254
Filing Date	January 2, 2002
First Named Inventor	Roni Rosner
Art Unit	2192
Examiner Name	Eric B. Kiss
Attorney Docket Number	42390P12485

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Comments on Statement of Reasons for Allowance & Fax Cover Sheet </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	5/17/07

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Signature	
Date	5-17-07

Based on PTO/SB21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ndc) 10/12/2006.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

MAY 17 2007

FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

<i>Complete if Known</i>	
Number	10/039,254
	January 2, 2002
Inventor	Roni Rosner
Name	Eric B. Kiss
	2192
cket No.	42390P12485

METHOD OF PAYMENT *(check all that apply)*

<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged. <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.				

FEES CALCULATION

1. EXTRA CLAIM FEES

Total Claims	33	35% =	0	x	50.00	=	\$0.00
Independent Claims	6	6% =	0	x	200.00	=	\$0.00
Multiple Dependent						=	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

***or number previously paid, if greater. For Re-saves, see below.*

2 ADDITIONAL FEES

2. ADDITIONAL FEES

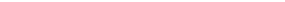
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appsal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1481	5,510	2451	1,610	Petition to institute a public use proceeding
1450	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	700	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other see (several)

SUBTOTAL (2)

SUBMITTED BY

Complete (if applicable)

Complete if applicable				
Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone (303) 740-1980
Signature				Date 5/17/07

Based on PT&O/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/26/2007.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2006		<i>Complete If Known</i>	
<small>Patent fees are subject to annual revision.</small>		Application Number	10/039,254
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	January 2, 2002
		First Named Inventor	Roni Rosner
		Examiner Name	Eric B. Kiss
		Art Unit	2192
		Attorney Docket No.	42390P12485

METHOD OF PAYMENT *(check all that apply)*

Check Credit card Money Order None Other (please identify):

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
- Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

✓ Authorized to: (check all that apply)

Credit any overpayments

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

FEE CALCULATION

1. EXTRA CLAIM FEES

Large Entity		Small Entity		
Fee	Fee	Fee	Fee	Fee Description
Code	(S)	Code	(S)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
		SUBTOTAL (1)		(S) 0.00

"or number previously paid, if greater. For Reissues, see below.

3 ADDITIONAL FEES

2. ADDITIONAL FEES

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
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1254	1,590	2254	795	Extension for reply within fourth month
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1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.17(q))
1816	790	1816	790	Filing a submission after final rejection (37 CFR § 1.17(q))

Fee Paid

SUBTOTAL (3)

GT 4

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature	<i>Brent E. Vecchia</i>			Date	5/17/07

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokaloff, Taylor & Zalman (wR) 02/26/2007.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

MAY 17 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No. : 10/039,254
 1st Named Inventor : Roni Rosner
 Filed : 01/02/2002
 Docket No. : 42P12485

Confirmation No. : 9368
 Art Unit : 2192
 Examiner : Eric B. Kiss
 Customer No. : 8791

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE (37 CFR 1.104 (e))

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

CERTIFICATE OF TRANSMISSION (37 CFR 1.8A)
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 Office.

Wendi Lou Rostan 5-17-07
 Wendi Lou Rostan Date

As an initial matter, the undersigned would like to thank the Examiner for the search and review of the above-captioned application and the allowance of claims in the Notice of Allowance. In response to the Notice of Allowance, the undersigned submits herein a statement commenting on the reasons for allowance and respectfully requests that this statement be made of record.

Statement Commenting on the Reasons for Allowance

The Examiner, in the statement of reasons for allowance, may have referenced some of the limitations from some of the allowed claims. To clarify the record for anyone who may later view the file wrapper in this application, the undersigned would like to remark that each claim should be construed to include only those limitations that are explicitly recited in the language of the claim. The reasons provided should not be used to interpret the patent claims, or to produce any prosecution history estoppel.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Dated: 5/17/07

By Brent E. Vecchia
 Brent E. Vecchia, Reg. No. 48,011
 Tel.: (303) 740-1980 (Mountain Time)

12400 Wilshire Boulevard, Seventh Floor
 Los Angeles, California 90025